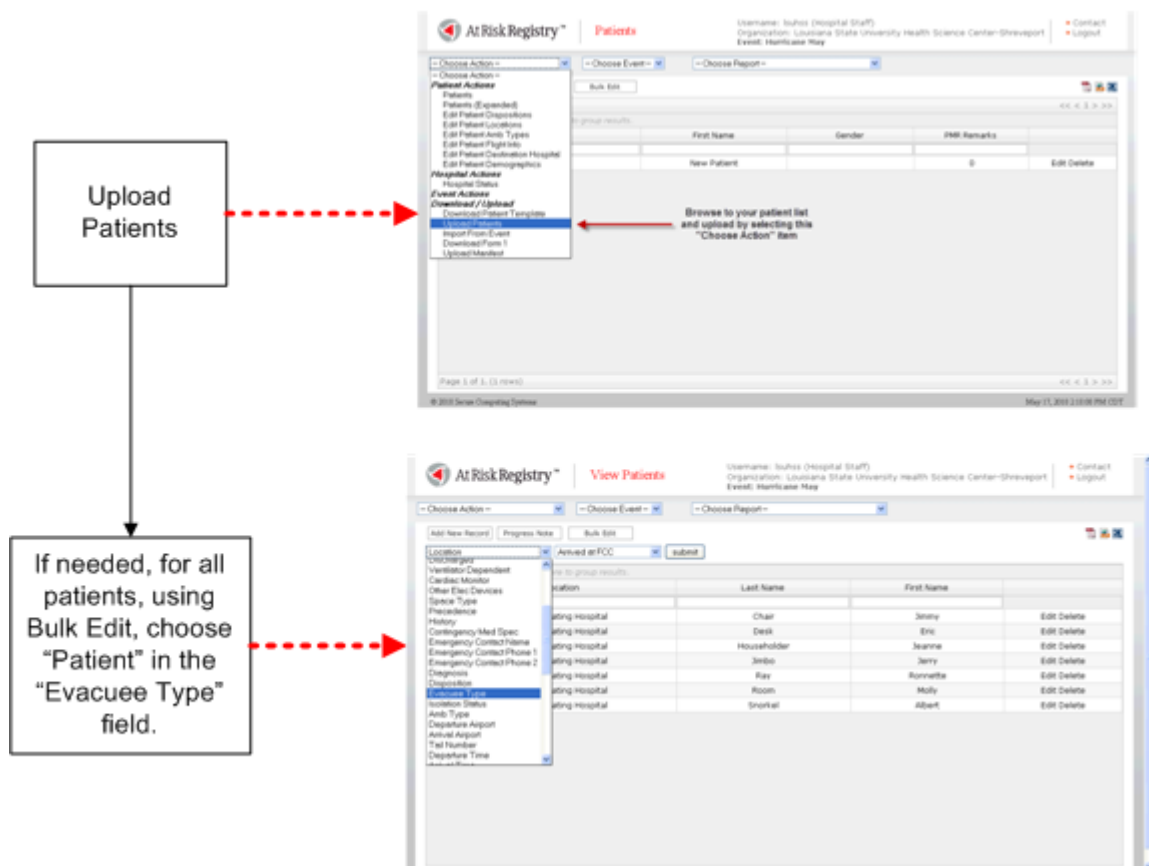# Quick Instructions for the At Risk Registry

First Things First
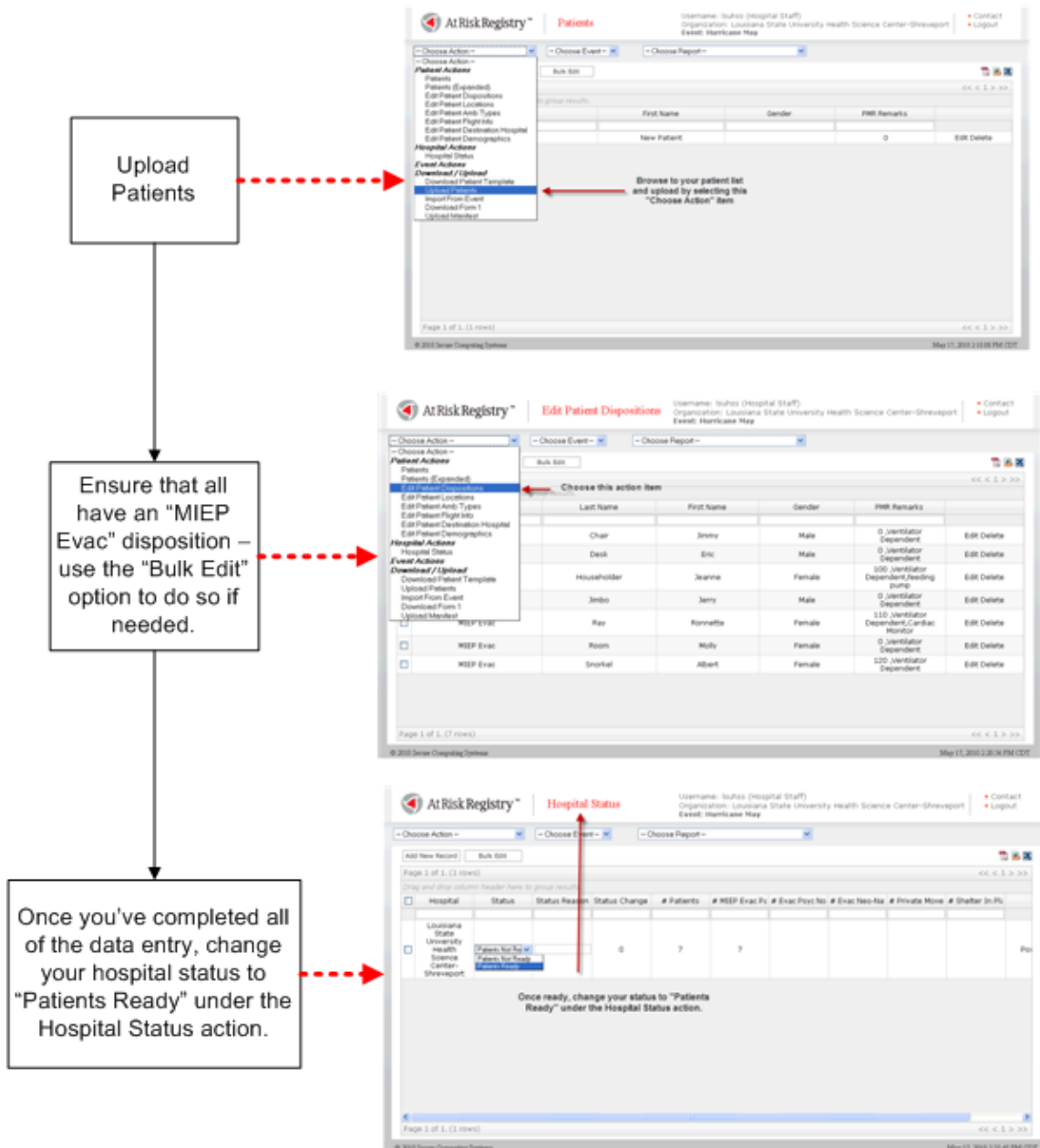
1. Upload patients into the Registry using the template provided in the "Download Patient Template" option of "Choose Action".
2. Ensure that you specify the "Evacuee Type" if not done in your upload:

IMPORTANT NOTES:

- DO NOT DELETE THE FIRST TWO ROWS OF THE TEMPLATE SPREADSHEET. If you delete any or all of the first two rows, your upload will fail. Begin your patient listings on row 3 of the spreadsheet.
- "mr_num" refers to a unique patient number or identifier. It must be included in your upload, and it must be unique for your patients. Please see the requirements later in this document.

If you are evacuating your patients through the MIEP process, complete the following:
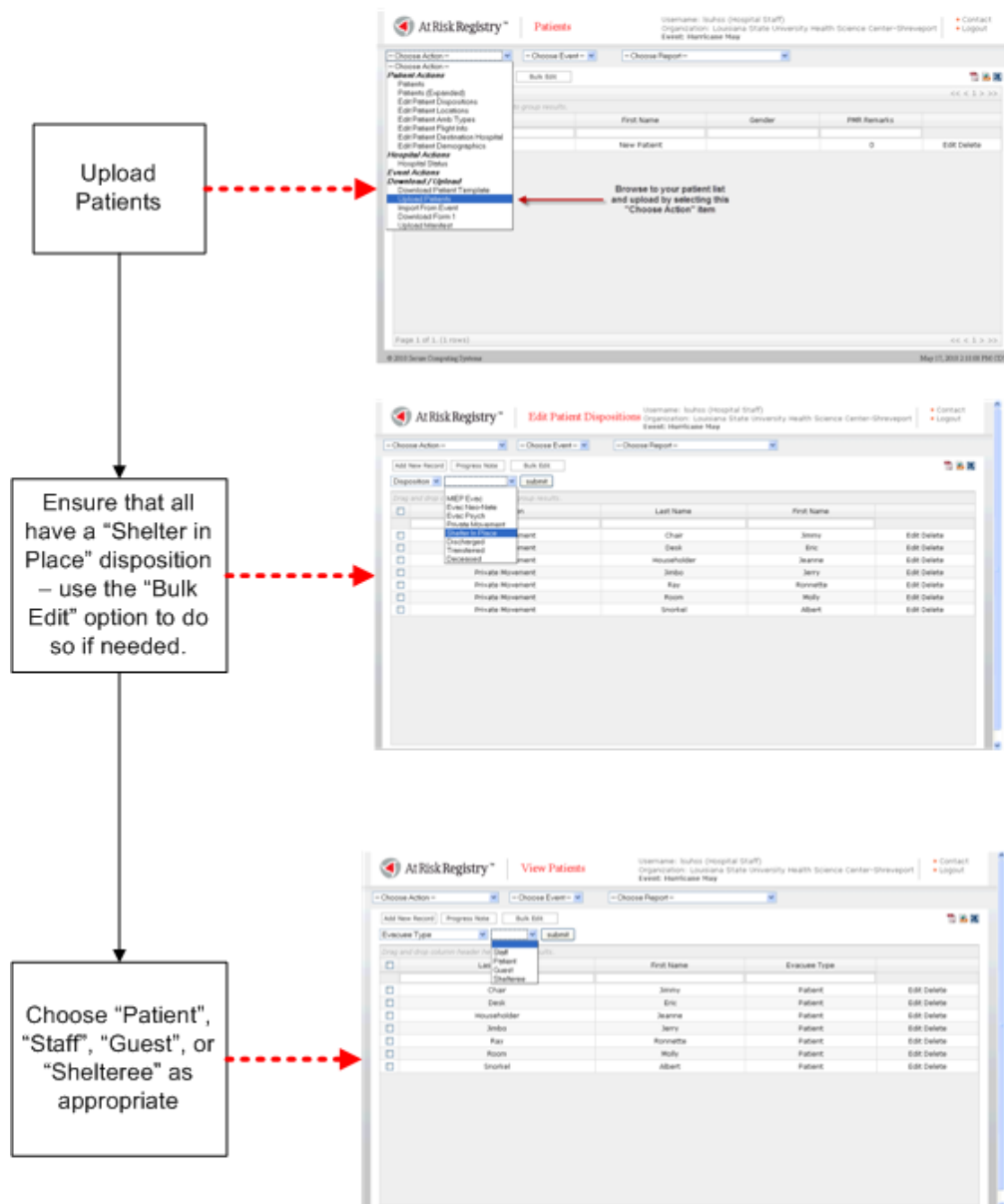

Upload Patients

Ensure that all have an "MIEP Evac" disposition – use the "Bulk Edit" option to do so if needed.

Once you've completed all of the data entry, change your hospital status to "Patients Ready" under the Hospital Status action.

Note that you must provide all of the required information in the following data fields (this can be done during the upload):

Upload Template	Allowable Values	Mandatory for GPMRC	Restrictions
last_name	text	Yes	
first_name	text	Yes	
mr_num	text	Yes	15 characters
gender	('','Male','Female')	Yes	
history	text	Yes	
weight	number	Yes	This field is merged into the "Patient History" field
dob	MM/DD/YYYY	Yes	
ventilator_dependent	('1','0')	Yes	1= True; 0 = False. This field is merged into the "PMR Remarks" field
cardiac_monitor	('1','0')	Yes	1= True; 0 = False. This field is merged into the "PMR Remarks" field
other_electrical_devices	text	Yes	This field is merged into the "PMR Remarks" field
space_type	('','ambulatory','litter')	Yes	
contingency_med_spec	('','SBN - Burns', 'CC - Critical Care', 'MM-SS - Medical/Surgery', 'MC - Pediatrics', 'MP - Psychiatry')	Yes	
attendants	text	Yes	
attendant_names	text	Yes	
ccatt	('1','0')	Yes	LEAVE THIS FIELD BLANK. GPRMC WILL COMPLETE
diagnosis	text	Yes	This field is merged into the "PMR Remarks" field
disposition	('','MIEP Evac', 'Evac Neo-Nate', 'Evac Psych', 'Private Movement' ,'Shelter In Place', 'Discharged', 'Transferred', 'Deceased')	Yes	RULE: If anything other than "MIEP Evac" is chosen here, the patient will not be placed on the Form 1 for GPMRC. The other patient types indicated above are excluded from the MIEP movement track.

For those hospitals moving their patients with their own resources, complete the following steps:

Upload Patients

Ensure that all have a "Private Movement" disposition – use the "Bulk Edit" option to do so if needed.

Indicated the destination hospital on the "Edit Destination Hospital" action

Change the patient locations to "At Destination Hospital" when finished "moving" patients.
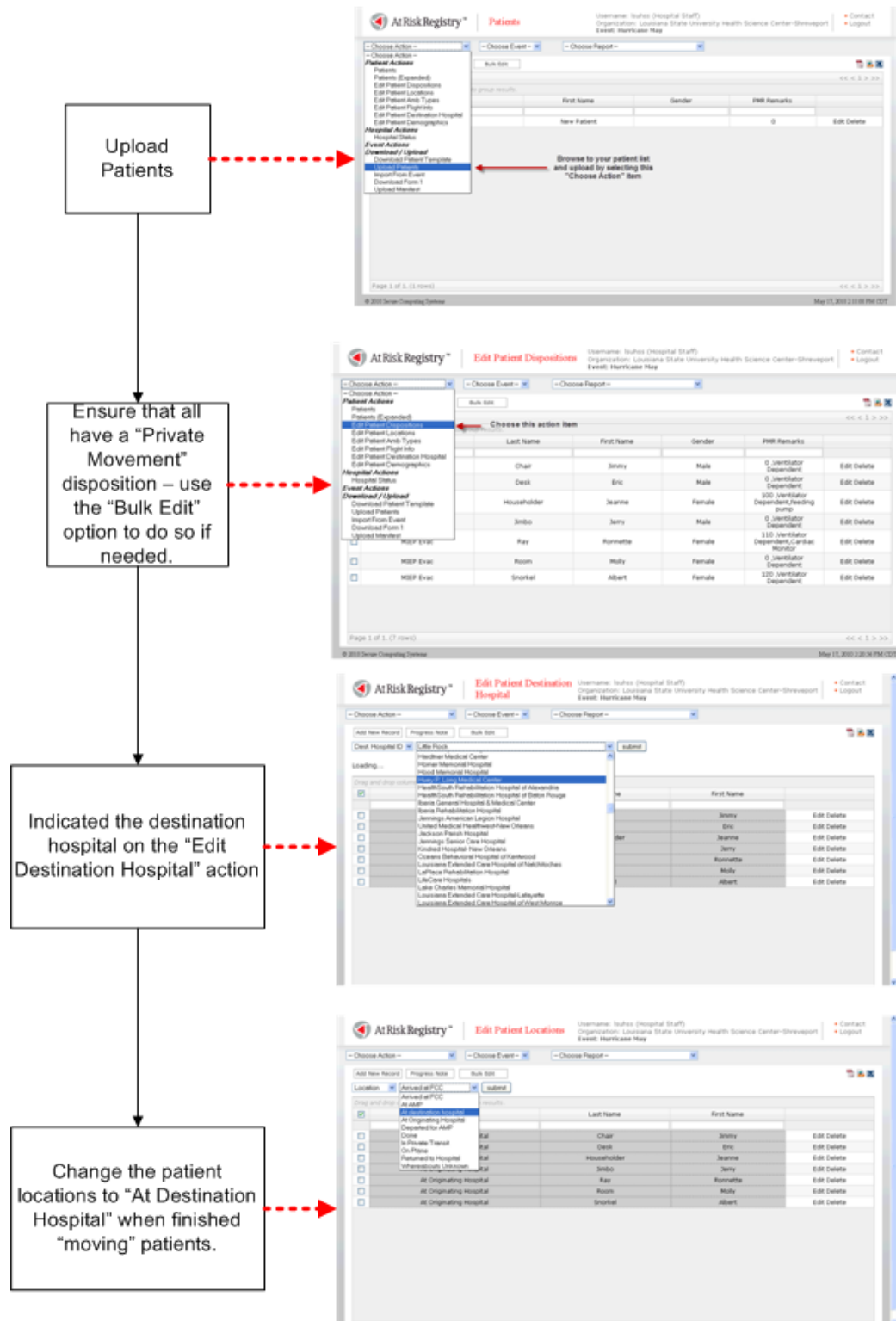
If you are Sheltering in Place, complete the following steps:

Upload Patients

Ensure that all have a "Shelter in Place" disposition – use the "Bulk Edit" option to do so if needed.

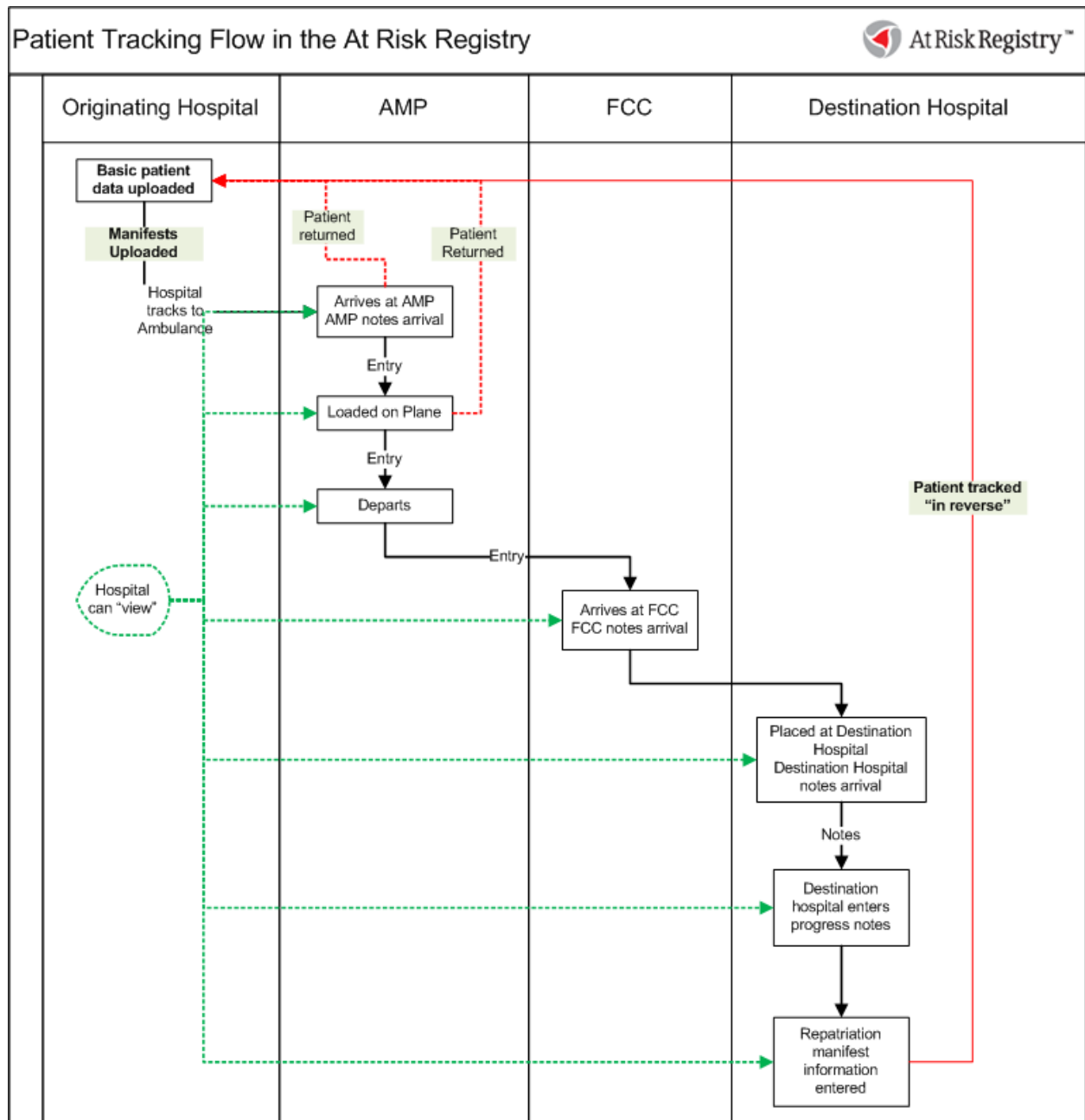**Choose "Patient", "Staff", "Guest", or "Shelteree" as appropriate**

Here are some additional guidelines on what some of the fields mean relative to your plan for your patients:

1. "Space Type" field
    a. Choices are "ambulatory" or "litter".
    b. They are meant to indicate the patient's overall movement capability
2. "Contingency Med_Spec" field
    a. The choices are "SBN – Burns"," CC - Critical Care"," MM-SS - Medical/Surgery"," MC – Pediatrics", and "MP – Psychiatry"
    b. These are general indications of the type of patient.
    c. Note that the MIEP process does not evacuate pediatric or psychiatric patients.
    d. Reserve the "CC-Critical Care" choice for those patients that are truly critically ill. These would traditionally be ICU patients. It should not be the default choice for all patients. Having this disposition does not influence patient prioritization in the evacuation and/or manifesting process.
3. "Attendants" field
    a. This is to specify the number of attendants accompanying the patient.
    b. Note that an attendant should be allowed with a patient <u>only if that attendant is mandatory for the patient's survival</u>. Attendants such as family members that simply want to accompany the patient are not allowed and will not be evacuated via the MIEP process. Do not include staff members that may accompany the patient to the airfield.
4. " CCAT" field
    a. The choices are "1" for Yes and "0" for No.
    b. This field is supposed to indicate whether the patient is a critical care patient; <u>however GPMRC has indicated a preference to leave this field blank.</u>
    c. While this field was formerly used as a planning factor to determine the number of highly specialized CCAT teams that might be required to support an evacuation, it was over-utilized in past events and tended to overstate the requirement. In light of this, GPMRC and TRANSCOM staff will determine the number of CCAT teams required based on other patient information.
5. "Disposition" field
    a. The choices are "MIEP Evac", "Evac Neo-Nate", "Evac Psych", "Private Movement", "Shelter In Place", "Discharged", "Transferred", and "Deceased"
    b. These are general indications of the patients (or staff/shelteree/guest) general state or condition.
    c. <u>If you are using the MIEP process to evacuate your patients, each patient must have the "MIEP Evac" disposition</u> or they will not be included in the data transmission to GPMRC.

Following are the general rules for each disposition type:

MIEP Evac	If a facility is requesting that patients be evacuated using the MIEP process, each patient must be given a disposition of "MIEP Evac". If anything other than "MIEP Evac" is chosen here, the patient will not be placed on the Form 1 for GPMRC. The other patient types indicated above are excluded from the MIEP movement track.
Evac Neo-Nate	If the facility is requesting that a patient be evacuated through the State's "baby evacuation" plan, the patient must be given a disposition of "Evac Neo-Nate."
Evac Psych	If the facility is requesting that a patient be evacuated to a state psychiatric facility (and the facility has an existing MOU with the Office of Mental Health), the patient must be given a disposition of "Evac Psych"
Private Movement	If the facility is evacuating its own patients and staff, each person must be given the disposition of "Private Movement".
Shelter in Place	If the facility is sheltering in place, all persons (patients, staff, guests, and shelterees) must be given a disposition of "Shelter in Place".
Discharged	These dispositions are used by Destination Hospitals or by hospitals that want to track patients after they are no longer the responsibility of the facility.
Transferred	
Deceased	

Patient Tracking Sequence

Patient Tracking Flow in the At Risk Registry

At Risk Registry™

Originating Hospital	AMP	FCC	Destination Hospital

Basic patient data uploaded

Manifests Uploaded

Patient returned

Patient Returned

Hospital tracks to Ambulance

Arrives at AMP AMP notes arrival

Entry

Loaded on Plane

Entry

Departs

Hospital can "view"

Entry

Arrives at FCC FCC notes arrival

Patient tracked "in reverse"

Placed at Destination Hospital Destination Hospital notes arrival

Notes

Destination hospital enters progress notes

Repatriation manifest information entered

Major Work Flow Responsibilities

Major Work Flow Responsibilities (MIEP Scenario)			At Risk Registry ™
Originating Hospital	**AMP**	**FCC**	**Destination Hospital**
• Initial patient upload • Adding patient information as required • Indicating type of ambulance required for transport (if using MIEP) • Monitoring patient progress through repatriation			
	• Reviewing manifest information and organizing patient transport • Tracking patients from departure from originating hospital to plane departure from the AMP • Entering progress notes as needed		
		• Reviewing manifests for their arriving patients and planning for destination hospitals • Selection and entry of destination hospitals • Transporting patients to destination hospitals and tracking to that point	
			• Tracking patients en route to their hospital • Tracking patients upon arrival and through departure (for repatriation) • Entering progress notes related to patient care and discharge planning

Conclusion

1. These are the minimal steps to take, depending upon your facility's course of action. There are other data that you might provide, such as:
    a. Respiratory status (in the "Edit Patient Respiratory Status" view)
        i. NOTE: This information may be required by TPMRC if your patient is deemed a critical care patient. This designation will be considered if the patient is on a ventilator or other assisted breathing device.
    b. Isolation status (in the "Patients" view)
    c. Ambulance Types (in the "Edit Ambulance Types" view)
    d. Progress notes (click on the Progress Notes button and click on a patient)
2. There are other ID number fields available for your use:
    a. FCC Tracking number
    b. FEMA Number
    c. Destination Medical Number
3. Personnel at the airfield, at the FCCs and at the destination hospitals will also be tracking your patients and adding information on location, status, and other areas as needed.